

Guidelines for OVHA Coverage

ITEM: ULTRAVIOLET LIGHT

DEFINITION: An ultraviolet light is a device which creates radiant energy in the wavelength band of 180-400 nanometers. The purpose of the device is to produce photochemical reactions in the skin.

GUIDELINES:

- Use of the home UV light has been evaluated and prescribed by a dermatologist or other physician who is active with Vermont Medicaid, who is skilled and knowledgeable in the treatment of dermatological disorders for the treatment of widespread and disseminated psoriasis or other severe dermatological problem AND
- Where medications have been ineffective in the treatment of psoriasis or other severe dermatological problem AND
- The beneficiary has demonstrated that ultraviolet light therapy results in signs of improvement and has no adverse effects AND
- The unit is the least costly alternative to meet the medical needs to treat the psoriasis (i.e. wand, panel, or box) AND
- The beneficiary who uses a UV light in the home will continue to be monitored periodically by a dermatologist or other physician skilled and knowledgeable in the treatment of dermatological disorders to evaluate the continued effectiveness of the treatment.

APPLICABLE CODES:

E0691 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less.

E0692 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel.

E0693 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel.

E0694 Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection.

CAUTIONS:

Contraindications: Comorbid acute pulmonary tuberculosis acute eczema, dermatitis may be exacerbated. Hyperthyroid and diabetic individuals may experience severe itching. Cardiac, kidney, and liver disease may cause intolerance to UV light. Beneficiaries receiving x-ray therapy should not receive UV treatment to the same area for 3 months. Individuals with a fever should not receive UV treatment.

Precautions: Beneficiaries with photosensitivity due to certain drugs (for example, sulfonamides, tetracyclines, quinolones, psoralens, gold salts, amiodarone HCL, quinidines, phenothiazines) or diseases (for example, syphilis, alcoholism) or other factors (for example,

certain foods such as strawberries, eggs, or shellfish, elevated levels of estrogen, or heat applications received immediately before UV exposure).

EXAMPLES OF DIAGNOSES: Psoriasis, other severe dermatological conditions such as acne vulgaris, and venous stasis ulcers.

REQUIRED DOCUMENTATION:

- Current, complete Certificate of Medical Necessity.
- Supporting documentation demonstrating that the use of the home UV light has been evaluated and prescribed by a dermatologist or other physician who is active with Vermont Medicaid, who is skilled and knowledgeable in the treatment of dermatological disorders for the treatment of widespread and disseminated psoriasis or other severe dermatological problem AND where medications have been ineffective in the treatment of psoriasis or other severe dermatological problem AND the beneficiary has demonstrated that ultraviolet light therapy results in signs of improvement and has no adverse effects AND the unit is the least costly alternative to meet the medical needs to treat the psoriasis (i.e. wand, panel, or box) AND the beneficiary who uses a UV light in the home will continue to be monitored periodically by a dermatologist or other physician skilled and knowledgeable in the treatment of dermatological disorders to evaluate the continued effectiveness of the treatment.

REFERENCES:

Guide to Medicare Coverage, St. Anthony Publishing, Nov. 2001. Ingenix Inc., Reston, VA.

Hayes, Karen, A Manual for Physical Agents. 1993, Appleton and Lange, Norwalk, CT

Medical Director's signature:_____

OVHA Director's signature:_____

Date:

Revision 1:

Revision 2:

Revision 3